

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

Reset Form

FORM  
DR-2

(Rev. 07/2004)

DISCLOSURE  
REPORT

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-elect Helen Miller

OCT 1 2004

IMPORTANT: Indicate by # type of committee you are reporting for: ☒ 1  
( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other  
Political Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political  
Subdivision PAC ( 11 ) Local Ballot Issue

## CANDIDATE COMMITTEES ONLY:

Candidate Name

Helen Miller

Political Party (if applicable)

Democratic

Office Sought

Iowa House

District (if Senate or House)

49

## For Office Use Only

Comm. #

1445

Logged In

Scanned

Computer

WRS

Audited

Late reports are subject to possible civil and criminal penalties.

SIGNATURE OF PERSON FILING REPORT

955-8301  
TELEPHONE

9-27-04  
DATE SIGNED

I AM FILING A Democratic REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by # ☒ 1

☒ CHECK IF AMENDMENT TO REPORT DATED July 19, 2004

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

## STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 9,365.46

## ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

1,050.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL .....\$ 10,415.46

## SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

4,691.54

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)

\$ 5,723.92

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 120.80

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0.00

## CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

FOR INSTRUCTIONS, SEE BACK OF FORM

**DISCLOSURE SUMMARY PAGE**

<b>COMMITTEE NAME</b> (Must be same as on Statement of Organization) <u>Committee to Elect Helen Miller</u>	
IMPORTANT: Indicate type of committee you are reporting for: <input checked="" type="checkbox"/> 1	
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates	
<b>CANDIDATE COMMITTEES ONLY:</b>	
Candidate Name <u>Helen Miller</u>	Political Party <u>Democratic</u>
Office Sought <u>Representative</u>	District (if Senate or House) <u>49</u>

<b>FORM DR-2</b> (Rev. 07/2003)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	<u>1445</u>
Logged In	<u>SW</u>
Scanned	
Computer	
Audited	

Jul Miller 515 576-3535 7/16/04  
**SIGNATURE OF TREASURER** (or person filing this report) **TELEPHONE** **DATE SIGNED**

Late filed reports are subject to possible civil and criminal penalties.

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**I AM FILING A 7/17/04 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.  
(report date)Indicate one ☒ 1☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_
☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
 (You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election
County & Local Committees, enter County in which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) .....  
 Schedule F: Loans Received total (Attach Schedule F) .....  
 Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....

(Schedule H applies to Candidates' Committees Only)**SUB-TOTAL** .....**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*also see debts and loans below) ....  
 Schedule F: Loan Repayments total (Attach Schedule F) .....

**CASH ON HAND** at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) .....

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) .....

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) .....

**CANDIDATE COMMITTEES ONLY:**

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

☐ YES ☐ NO

\$

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

Receipt Form

SCHEDULE

**A**

(Rev. 07/03)

MONETARY  
RECEIPTS☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

*Committee to Elect Helen Miller*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
6/3/04	ID# 6067 CK# 3098	Iowa Health PAC 6730 Westown Pkwy #100 West Des Moines, IA 50266		\$ 100 <sup>00</sup>	<input checked="" type="checkbox"/>
6/3/04	ID# CK# 2058	Steven Ackerson 1634 NW 131st St. Clive, IA 50525		100 <sup>00</sup>	<input checked="" type="checkbox"/>
6/7	ID# CK# 4862	Cecilia J. Tomlinovic 1245 - 140th Street Des Moines, IA 50311		25 <sup>00</sup>	<input type="checkbox"/>
6/7	ID# 6046 CK# 2898	Martha Anderson 1717 Marella Trail Des Moines, IA 50310		25 <sup>00</sup>	<input type="checkbox"/>
6/7	ID# 6039 CK# 3767	Justice for All PAC 218 - 6th Ave, Ste. 526 Des Moines, IA 50309-4091		100 <sup>00</sup>	<input type="checkbox"/>
6/7	ID# 6058 CK# 2463	Committee of Automotive Retailers 1111 Office Park Rd. West Des Moines, IA 50265		100 <sup>00</sup>	<input type="checkbox"/>
6/7	ID# 6070 CK# 2380	Iowa Chiropractic Society PAC 1600 N. Ankeny Blvd, Ste 100 Ankeny, IA 50021-4159		100 <sup>00</sup>	<input type="checkbox"/>
6/7	ID# CK# 3044	Iowa Law PAC 521 E. Locust St. FL 3rd Des Moines, IA 50309-1939		250 <sup>00</sup>	<input type="checkbox"/>
6/21	ID# 6429 CK# 1813	Heavy Highway PAC 2415 Ingersoll Ave Des Moines, IA 50501		250 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1050 <sup>00</sup>	
TOTAL (If last page of this schedule)				\$ 1050 <sup>00</sup>	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Helen Miller

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID# CK#			\$
5/20	ID# CK# 1120	Helen Miller 1936-15th Ave N. Fort Dodge, IA 50501	Postage reimb't	42.08
5/20	ID# CK# 1121	Joselyn's 118 N. 10th St. Fort Dodge, IA 50501	Copying badges	21.19
5/27	ID# CK# 1122	Helen Miller 1936-15th Ave N. Ft. Dodge, IA 50501	Paper	21.18
6/9	ID# CK# 1123	"	Reimbursement for fundraiser expense	45.20
6/24	ID# CK# 1124	Office Max Ankeny, IA	Labels	61.47
6/25	ID# CK# 1125	House Truman Fund Des Moines, IA	Contribution	4500.00
	ID# CK#			

SUB-TOTAL \$46,915.47  
TOTAL (if last page of this schedule) \$46,915.47

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 58.6(3)(i).)

Page 1 of 1

(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

<b>SCHEDULE</b> <b>E</b> (Rev. 06/97)	<b>IN KIND</b> <b>CONTRIBUTIONS</b>
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[illegible]

<b>TOTAL</b> (If last page of this schedule)	<b>\$</b>
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120.80

Page 1 of 1  
(for Schedule E)